PRINTED: 06/15/2012 FORM APPROVED OMB NO. 0938-0391

INTICATE ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE 331 SW OAKLEY TOPECAK, AS 66606 PRECING TAG INTITIAL COMMENTS F 000 INITIAL COMMENTS F 000 INITIAL COMMENTS The deficiencies are a result of the investigation of complaint #57320, #57600 and #56875. F 203 SS=D Before a facility transfers or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons for the move in writing and in a language and manner they understand; record the reasons for the notice of transfer or discharge and include in the notice the items described in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge when the health of individuals in the facility and the resident's clinical record; and include in the notice of transfer or discharge when the health of individuals in the facility and the resident's clinical record; and include in the notice of transfer or discharge when the health of individuals in the facility and the resident's clinical record; and include in the notice of transfer or discharge when the health of individuals in the facility or olivor as practicable before transfer or discharge when the health of individuals in the facility or allow a more immediate transfer or discharge, the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident bus prior transfer or discharge, the feficitive date of transfer or discharge.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
RANGE OF PROVIDER OR SUPPLIER BRIGHTON PLACE WEST TOPEAK, KS 86666 PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOUND INITIAL COMMENTS The deficiencies are a result of the investigation of compaint #57320, #57600 and #56875. F 203 483.12(a)(4)(6) NOTICE REQUIREMENTS Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident of the school of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section, must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge, under paragraph (a)(2)(1) of this section, in encident transfer or discharged under (a)(2)(1) of this section, a mineralization and the reason of transfer or discharge when the health of individuals in the facility and the transfer or discharged under (a)(2)(1) of this section, a mineralization and the paragraph (a)(2)(1) of this section, a mineralization and the paragraph (a)(2)(1) of this section, a mineralization and the paragraph (a)(2)(1) of this section, and individuals in the facility and the transfer or discharge when the health of individuals in the facility of under paragraph (a)(2)(1) of this section, an immediate transfer or discharge when the paragraph (a)(2)(1) of this section, an immediate transfer or discharge when the paragraph (a)(2)(1) of this section, an immediate transfer or discharge when the paragraph (a)(2)(1) of this section, an immediate transfer or discharge when the paragraph (a)(2)(1) of this section, an immediate transfer or discharge when the paragraph (a)(2)(1) of this section, an immediate transfer or discharge when the paragraph (a)(2)(1) of this section, and the paragraph (a)(2)(1) of this section, and the paragraph (a)(2)(1) of this section, and the paragr			17E596	B. WIN	G			
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 203	resident has the right State; the name, add of the State long term nursing facility reside disabilities, the mailin number of the agency protection and advoc disabled individuals ethe Developmental D of Rights Act; and for who are mentally ill, the telephone number of the protection and addindividuals established Advocacy for Mentally. This REQUIREMENT by: The facility had a cert sample included 5 resident review and interviews legal representative of discharge for 1 (#1) of Findings included: Review of resident Data Set (MDS) 3.0 or resident scored 9 (motor on the Brief Interview). The resident's dischall identified the resident	rged; a statement that the to appeal the action to the ress and telephone number of care ombudsman; for a care ombudsman; for the acy of developmentally gaddress and telephone acy responsible for the acy of developmentally residents and the agency responsible for vocacy of mentally illed under the Protection and and y Ill Individuals Act. The sidents are evidenced as the facility failed to notify a conference of a confe	F	203			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 203	A nurse's note, dated documented the resident the resident would be local agency would not a nurse's note dated documented the facility guardian and left a movice mail informing the was in jail. A nurse's note dated 10:00 P.M. to 6:00 A. resident was out of the and remained out of the and remained out of the accompanied the resident all opersonal funds accouresident to the front december of the resident to the front december of the resident to the front december of the resident he/she december of a notice of discharge dated 5/18 resident's guardian resident's	15/15/12, and not timed, lent received a ticket for any to a law enforcement arew water on the officer and a placed in jail because a pot re-screen the resident. 15/15/12 and not timed the ty telephoned the resident's essage on the guardian's he guardian the resident 15/17/12 and timed for the effective the last 2 nights facility at that time. 15/17/12 and timed 2:15 P.M. Itelent was in the facility, staff dent to his/her former room, resident's clothing, the facility of the monies in his/her and staff escorted the oor of the facility. 15/17/12 and timed 3:35 P.M. Itent was in the facility, ar room and staff reminded ischarged from the facility the premise. 15 immediate transfer or and addressed to the evealed the facility and no 5/15/12 to a local	F	203			

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During interview with administrative nursing staff A on 6/13/12 at 10:44 A.M. the staff stated the facility discharged the resident on 5/15/12. Nursing administrative staff A stated the facility informed the resident's guardian on 5/15/12 the resident was in jail but did not inform the resident's guardian the facility discharged the resident and the resident would not return to the facility when released from jail. Nursing administrative staff A stated the facility mailed and faxed a letter to the resident's guardian on 5/18/12 informing the guardian the resident discharged from the facility on 5/15/12. During interview with an interested party on 6/13/12 at approximately 3:15 P.M. the interested party stated the facility informed him/her on 5/15/12 the resident was in jail but did not inform him/her the facility discharged the resident. The facility's transfer and discharges outside of the facility policy and procedures included the social services staff was to ensure that systems were in place to provide written notification to the patient/resident and their legal representative prior to the patient's resident's transfer. The facility failed to provide notice of an immediate discharge to this resident's legal representative prior to discharging this resident with moderately impaired cognition.	TOURIDER OR SUPPLIER N PLACE WEST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Review of the resident's clinical record did not support the facility notified the resident's guardian of the resident's discharge prior to discharging the resident. During interview with administrative nursing staff A on 6/13/12 at 10:44 A.M. the staff stated the facility discharged the resident on 5/15/12. 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OVIDER OR SUPPLIER	172000		:	331 SW OAKLEY	06/14	4/2012	
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OVIDER OR SUPPLIER 17E596 STREET ADDRESS, CITY, STATE, ZIP CODE 33 SW OAKLEY TOPEKA, KS 6606 SUMMARY STATEMENT OF DEFICIENCIES GEAR OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 F 205 Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility supt provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident in spermitted to return and resume residence in the nursing facility, and the nursing facility spoticies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident to return and resume residence in the nursing facility must provide with must be consistent with paragraph (b)(3) of this section, permitting a resident to return. This REQUIREMENT is not met as evidenced by: The facility had a census of 48 residents. The sample included 5 residents. Based upon record review and interviews the facility to provide the duration of the facility's bed-hold policy within 24 hours of a transfer for 2 (#2, #3) of 3 sampled residents. Findings included: - Review of resident #2's admission record identified the resident had a guardian and the resident's payor source was private pay.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		CONSTRUCTION	(X3) DATE SUF COMPLET	
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F 205	Set 3.0 dated 5/7/12 if 6 (severely impaired of Interview for Mental State of Severely impaired of Interview for Mental State of Severely impaired of Interview for Mental State of Severely impaired of Interview of the resident was in the hospital. Review of the resident the resident admitted until 5/29/12. A nurse's notes dated P.M. documented and the resident, noted the bowel sound and gaveresident to a local hose evaluation. A nurse's note dated documented the resident hospital. Review of the resident bed hold notice dated record did not support hold notice to the resist 5/30/12 transfer. During interview with 6/13/12 at 2:50 P.M. if provided a bed hold representative within hospital. Social Service bed hold notice would record. Social service	dentified the resident scored cognition) on the Brief Status.	F:	205			

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F 205	facility provided a bed legal representative who the hospital on 5/30. Review of the facility's 3/2006 included the faprovide a written bedtransfer of a patient/re therapeutic leave. The notices provided to a representative regard the event of hospitalizand staff provided the of transfer for hospitalizand specified the durathe policy included in transfer, the family or written notice within 2. The facility failed to put this resident's legal resident's payor source. Review of resident resident's quarted dated 3/28/12 identified (moderately impaired Interview for Mental Standard St	I hold notice to the resident's when the resident transferred 0/12. Is bed hold policy dated acility's leadership would chold notice at the time of esident for hospitalization or the policy included two written resident/family or legal ing the bed-hold policy in cation or therapeutic leave a second notice at the time dization or therapeutic leave attention of the bed-hold policy. In the event of an emergency representative received 4 hours of transfer. I rovide a bed hold notice to expresentative within 24 hours within 24 hours of the tee as Medicaid. If y Minimum Data Set 3.0 and the resident scored 9 cognition) on the Brief	F	205			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI _DING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 205	at 8:00 P.M. with a crule out a deep vein staff notified the resi telephone of the resi hospital. A nurse's note dated noon documented the facility after hospitalist. During interview with A on 6/13/12 at 4:00 service staff mailed hours of a resident to Administrative nursing bed hold notice shour record if the facility gresident and/or family nursing staff A confirmed a discontinuous provide to the resident of the facility 3/2006 included the provide a written bed transfer of a patient/ therapeutic leave. The notices provided to a representative regar the event of hospital and the staff provide time of transfer for heleave, and specified policy. The policy in	dent admitted to the hospital liagnosis of cellulitis and to thrombus. The note included dent's family member via dent's admission to the local left's admission to the local left's and timed 12:00 left's returned to the local left's administrative nursing staff left's p.M. the staff stated social local hold notices within 24	F	205			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUF COMPLETI	
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F 205	The facility failed to p	e within 24 hours of transfer. rovide a bed hold notice to sident's family member	F	205			
F 425 SS=D	483.60(a),(b) PHARM ACCURATE PROCE	IACEUTICAL SVC -	F	425			
	drugs and biologicals them under an agree §483.75(h) of this par	t. The facility may permit to administer drugs if State under the general					
	(including procedures acquiring, receiving, o	ugs and biologicals) to meet					
		,					
	by: The facility had a cer sample included 5 res review and interviews physician's orders reg	is not met as evidenced asus of 48 residents. The sidents. Based upon record the facility failed to obtain a garding disposition of of 3 sampled residents.					

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F 425	pag.	9	F	425	;			
	Data Set (MDS) 3.0 or resident scored 9 (mo on the Brief Interview) The resident's dischaidentified the resident discharged on 5/15/1, the resident would refer support the resident's disposition of the resident in the facility involuntary dis 5/15/12. The resident until 5/17/12. A nurse's note dated 10:00 P.M. to 6:00 A. resident had been ou and remained out of facility spoke with unit regarding the resident's medication. Review of the resider order sheet (POS) incomplysician's orders to medications: 100 mil Chlorpromazine/Thor	rge MDS 3.0 dated 5/15/12 I had an unplanned 2 and the facility anticipated turn to the facility. It's clinical record did not physician gave an order for dent's medications after the charged the resident on the was in jail from 5/15/12 5/17/12 and timed for the physician gave an order for dent's medications after the charged the resident on the was in jail from 5/15/12 5/17/12 and timed for the physician that time. 5/17/12 and timed 4:20 P.M. gadministrative staff from a staff of a local behavioral ident's medications and the estaff delivered the set to the behavioral unit. It's May 2012 physician's cluded the resident had receive the following ligrams (mg's) of azine (an antipsychotic) ded (PRN) for agitation, 50						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F 425	antihistamine) every 6 extrapyramidal syndro Seroquel/Quetiapine a day for anxiety/agita Fluphenazine/Prolixin intramuscularly every Further review of the included handwritten behavioral staff receiv tabs of Diphenhydram Chlorpromazine, 1 tal injection from a facility entries did not include medication the facility behavioral staff. During interview with A on 6/13/12 at 10:44 facility discharged the Nursing administrative was in jail from 5/15/1 administrative staff A delivered the resident behavioral unit. Nurs confirmed he/she did regarding releasing the local behavioral ustaff A confirmed the lacked evidence of the given to the behavioral ustaff A confirmed the lacked evidence of the given to the behavioral unit on 5/1 stated after the facility stated after the facility stated after the facility and single properties.	Shours PRN for ome, 50 mg's of (an antipsychotic) four times ation and (an antipsychotic) 25 mg 21 days. resident's May 2012 POS entries that read a local yed 8 tabs of Quetiapine, 5 nine, 7 tabs of of Seroquel and Prolixin y staff on 5/17/12. The entre dosage of the entries that read a local yet at the dosage of the entries that read a local yet at the dosage of the entries at the staff delivered to the entries at the staff stated the entries at the	F	425			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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F 425	himself/herself to a lo admission. Review of the facility's policy dated 12/15/01 was out of the facility medications should be appropriate and a phy obtained. The policy envelopes should be first and last name, m medication and the di The facility failed to re regarding disposition medications and failed	s take home medications included when a resident for a short time, e sent with the resident as visician's orders must be included the medication labeled with the resident's edication name, strength of rections for use.	F	425			